

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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## **Statement of Committee Organization**

1.	Statement Information				
	Date: 8/26/2016	0.0.5			
	Type: New Amended (if amending, enter MEC ID C141490 & section changed 3 & 5				
2.	Committee Information				
The Origional 4th Ward Regular Democrate Orginization					
	Name of Committee 292`1 Bishop P.L. Scott Ave, St. Louis, MO	63107	(314,)600-1261		
	Committee Malling Address. Citv. State & Zin	St. Louis Board of Elec	Telephone Number		
		County Clerk or Board of Election Commission			
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party				
3.	Treasurer/Deputy Treasurer Information				
	Edward McFowland		· · · · · · · · · · · · · · · · · · ·		
	Treasurer's Name (First & Last)	(314 \ 600-1261	.NI/Λ		
	2921 Bishop P.L. Scott Ave	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)			
		()	()		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number		
4.	Additional Committee Information				
	Additional Committee Officers Name & Stitle if any	Additional Committee Officer's Mailing Address	ss, City, State, & Zip		
	Connected Organization's home (Carpet	Connected Organization's Mailing Address, Cit	v State & 7in		
	Connected Organization's Haine (ii ally)				
5	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)	Yes (refer to instructions on ba	ack) No		
J.	Official bank Account information (required by an committees)		,		
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6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)			
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees On	()		
	Hanne & Walling Address, City, State & 219 of Candidate	receptions restricted (canadate committees on			
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
3.	Signature(s) Check certification(s) & sign (required by all committees)				
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
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1	Candidate (Candidate Committees Only)				

MQ(300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.